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DEPARTMENT OF MENTAL HEALTH

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Reply To: (213) 738-4601
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April 15, 2008

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director of Mental Health

SUBJECT: **STATUS OF FISCAL YEAR 2007-08 BUDGET DEFICIT MITIGATION PLAN, MENTAL HEALTH SERVICES ACT FUNDING AND OTHER PRIORITIES**

This report is to provide your office with the current status of the Department's efforts to:

1) Reduce a projected deficit in the current Fiscal Year (FY) 2007-08 Budget;

2) Implement the Mental Health Services Act (MHSA) programs; and

3) Improve human resources and procurement operations.

Current Year Budget

We are pleased to report that the current FY 2007-08 Budget deficit, originally projected at $24.8 million, has been significantly reduced and is estimated at approximately $2.5 million as of March 31, 2008. The Department is undertaking additional measures beginning this month to further reduce the potential deficit and, barring budgetary factors beyond our control including State reductions, anticipates that these efforts will lower the deficit to $1 million or less. Attachment A contains more detailed information on the status of our deficit reduction efforts.

MHSA Implementation

We are also pleased to report that many of the original Community Services and Supports (CSS) programs funded through MHSA are reaching capacity and planning efforts with communities and stakeholders are underway with the most recently released plans for the Workforce Education and Training and the Prevention and Early Intervention Plans. With the recent release of the Information Technology and Capital Facilities Guidelines, the Department is gearing up to implement stakeholder processes for those plans, as well as

working to complete the plan for the housing component of CSS. Attachment B contains more detailed information on the status of the MHSA program implementation, including status of funding already received.

Improving Human Resources and Procurement

As you may be aware, the Department of Human Resources has been working for more than a year with the Department's Human Resources Bureau in a review of our human resources/personnel operations. DHR has shared preliminary findings with my staff, and corrective action plans have been developed for areas where they were needed, and improvements are being implemented. In addition, staff continues to look for ways to improve the hiring and recruitment process and has recently initiated on-line advertisements for key critical positions at several sites such as Monster.com and CareerBuilder.com.

Within the past year, the Department has hired new management in critical areas of the Department and especially the administrative areas. The new management has recently completed a thorough review of the Procurement operation and has identified significant needs for improvement. The Department is currently working with the Chief Executive Office (CEO) to review the classifications within the Procurement Section and the Administrative Support Bureau to better match the job classifications with the job duties and, as a start, recently received permission to recruit for a Procurement Assistant I and Procurement Assistant II to fill recent vacancies. Additional recommendations for improvements will be forthcoming and we will work with the CEO and other appropriate departments to implement strategies to fix the problems.

If you have any questions regarding this report, please contact me at (213) 738-4601, or your staff may contact Robin Kay, Ph.D., acting Chief Deputy Director, at 213-738-4108.

MJS:RK:KW:cm

Attachments

c: Sachi A. Hamai, Executive Officer
William T Fujioka, Chief Executive Officer
Sheila Shima, Deputy CEO

Los Angeles County Department of Mental Health
Status of Deficit Mitigation Plan
April 15, 2008

ATTACHMENT A

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
STATUS OF DEFICIT MITIGATION PLAN
Attachment A

The Department of Mental Health (DMH) Fiscal Year (FY) 2007-08 Budget included an unidentified curtailment of $24.8 million, resulting from the following:

- Under-realization of previously identified budget mitigation actions ($4.8 million);
- Additional costs not previously identified associated with negotiated wage and benefit increases ($4.2 million) as well as increases in medication costs ($0.7 million);
- Reductions in the projected amount of Vehicle License Fees (VLF) available to support department operations in both FY 2006-07 and FY 2007-08 ($14.7 million); and
- The need to add several staff positions at the Office of the Public Guardian in order to address caseload issues within the LPS Division ($0.45 million).

Stakeholder meetings convened to develop strategies for addressing this deficit culminated in a December 2007 proposal that DMH directly operated and contracted providers share responsibility for mitigating the deficit by curtailing programs in the amounts of $12.2 and $12.6 million, respectively.

Status of Implemented Deficit Reduction Measures

DMH developed and implemented eight strategic measures designed to address the Department's share of the curtailment. Details regarding these deficit mitigation strategies and progress toward meeting the curtailment goals are outlined in Exhibit I.

Subsequent discussions focused on the challenges faced by contract providers in attempting to implement full year curtailment amounts within the final months of the fiscal year. As a result, on April 1, 2008, DMH – working with the Chief Executive Office – moved forward with curtailment of mental health contract providers in the amount of $2.3 million for FY 2007-08 and notification of curtailment in the annual aggregated amount of $12.6 million at the beginning of FY 2008-09. Additional decreases in contractors' CGF stemming from the State's termination of the AB2034 program brought the total curtailment in contractors' CGF funding to a total of $2.5 million for FY 2007-08.

Overall Financial Status for FY 2007-08

In addition to the original deficit, the current budget status includes revisions to the initial budget mitigation plan resulting from a decrease in the State Managed Care Allocation and additional adjustments to the original reduction to the day treatment programs to restore mental health service "patches" for patients in residential settings. These additional budget challenges have been mitigated by a net increase in the original DMH mitigation target and the inclusion of revenue from pharmacy rebates held in trust.

Additional fourth quarter strategies, which DMH is in the process of implementing, include:

- Hard freeze on Services & Supplies and Fixed Assets purchased with CGF
- Refinancing of rents & leases
- Transformation of several DMH programs to services consistent with the Mental Health Services Act (MHSA)

It is important to note that DMH and the CEO are actively following several pending matters that could potentially affect the final fiscal status at the close of the fiscal year. A small potential increase in VLF projected at $1.1 million could eliminate the remaining projected deficit. However, it is also possible that the State could postpone payment of prior year SB90 dollars owed DMH; this would result in a delay in receipt of $2.5 million. Finally, DMH is pursuing clarification of the need to repay Medi-Cal Administrative Activity (MAA) Audit liability for FY 2002-03 in the amount of $348,000.

Exhibit II provides a summary update of the DMH Budget Mitigation Status including alternative scenarios that could affect the final year-end closing. The Summary takes into consideration March revisions, actions implemented in April 2008 and the above-referenced potential factors that could influence our final budget status.

Exhibit I

DEPARTMENT OF MENTAL HEALTH BUDGET MITIGATIONS FISCAL YEAR 2007-08

To offset the unidentified curtailment, DMH has undertaken the following:

- *Mandatory Medicare Part D Prescription Coverage (Target: $1.7 million):* Effective January 1, 2008, DMH implemented a mandatory Medicare Part D Prescription Coverage policy requiring that clients who are eligible for Medicare Part D coverage no longer be eligible to have medications paid for by DMH. ***Current Estimate: $1.4 million***

- *Reduction in Training Costs (Target: $0.5 million):* DMH reduced general fund support to the UCLA Affiliation Agreement. ***On Target***

- *Reduce Fee For Service Medical Expenditures (Target: $0.3 million):* DMH has implemented a monitoring program on total billings for each Fee For Service Medi-Cal Provider. ***On Target***

- *Funding for 10 Child Beds at State Hospital (Target: $1.1 million):* The State Department of Mental Health closed Program 1 at Metropolitan State Hospital effective December 31, 2007, eliminating the need to budget for these beds. ***On Target***

- *Eliminate CGF Support for Clients in Tri-City Service Area ($0.7 million):* Effective January 1, 2008, DMH intended to transfer these clients to Tri-City and reduce the amount of funding to contract providers or, alternatively, to seek reimbursement for these clients from Tri-City. Contract negotiations on-going. ***On Target***

- *Reduce Interim Funding for Housing ($0.6 million):* DMH is reducing housing support from CGF through transfer of eligible clients into MHSA programs that include housing support as a component and/or through establishment of a MHSA housing support program. ***Current Estimate: $0.7 million***

- *Full Reimbursement of MHSA Medication & Other Costs ($4.7 million):* DMH is reimbursing medication costs for MHSA clients from MHSA funds ($4.5 million) and transferred $0.2 million in consultant costs for transforming the system to MHSA. ***Current Estimate: $4.9 million***

- *Increase Federal Financial Participation Revenue in Directly Operated Clinics ($1.8 million):* DMH identified several directly operated programs that had the potential to increase federal revenue. DMH established modest goals for these programs to generate an additional $1.8 million based on filled positions. ***On Target***

- *One-Time Settlement ($1.3 million):* DMH received one-time revenue of $1.3 million in Fiscal Year 2007-08 as the result of a bankruptcy settlement. ***Current Estimate: $0.7 million***

DEPARTMENT OF MENTAL HEALTH
PLAN TO IMPLEMENT BUDGET MITIGATIONS FISCAL YEAR 2007-08

Exhibit II

UPDATE FOR MARCH 2008	**Total**	**CEO Recommendation as of 2/28/08**	
		DMH Absorb	Bridge
Shortfall of Contractor Mitigation for FY 2007-08	$ (10,300,000)	$ (2,600,000)	$ (7,700,000)
March Revisions			
Decrease in State Managed Care Allocation	$ (300,000)	$ (300,000)	
Additional adjustment to Day Treatment for residential patch	$ (100,000)		$ (100,000)
Additional Contractor CGF from AB2034 elimination	$ 200,000		$ 200,000
Net Increase in DMH 07-08 Budget Mitigation Target	$ 300,000	$ 300,000	
Pharmacy Rebates in Trust	$ 1,300,000	$ 1,300,000	
Net Budget Status Report estimate as of 3/3/1/08	$ 6,400,000	$ 1,300,000	$ 5,100,000
Subtotal March Revisions	$ 7,800,000	$ 2,600,000	$ 5,200,000
Total Estimate as of March 31, 2008 Based on Implemented Actions	**$ (2,500,000)**	**$ -**	**$ (2,500,000)**
Planning Estimates for Additional Actions To be Implemented in April			
Hard freeze on S&S and Fixed Asset CGF Purchases	$ 200,000		$ 200,000
Rents & Leases refinancing	$ -		$ -
Early Transformation	$ 800,000		$ 800,000
CGF 2006-07 Commitments and AP's (pending final reconciliation)	$ 500,000		$ 500,000
Subtotal Actions to be Implemented	$ 1,500,000		$ 1,500,000
Current Year End Estimate	**$ (1,000,000)**		**$ (1,000,000)**
Potential Factors that Could Decrease Need for Bridge			
Vehicle License Fee/Realignment	$ 1,100,000		$ 1,100,000
Subtotal Factors that Could Decrease Need for Bridge	**$ 1,100,000**		**$ 1,100,000**
Potential Factors that Could Increase Need for Bridge			
SB 90 Repayment from Prior Year	$ (2,500,000)		$ (2,500,000)
Repayment of MAA Audit liability for FY 2002-03*	$ (348,000)		$ (348,000)
Subtotal Factors that Could Increase Need for Bridge	**$ (2,848,000)**		**$ (2,848,000)**

Minimum Bridge Funding	
Current Year End Estimate	$ (1,000,000)
Potential Factors that Could Decrease Need for Bridge	$ 1,100,000
Minimum Bridge	$ -

Maximum Bridge Funding	
Estimate as of March 31 Report	$ (2,500,000)
Potential Factors that Could Increase Need for Bridge	$ (2,848,000)
Maximum Bridge	$ (5,348,000)

** Estimate based on FY 2001-02. State scheduled to complete audit in April or May 2008.*

Los Angeles County Department of Mental Health
Status of Mental Health Services Act Programs
April 15, 2008

ATTACHMENT B

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
STATUS OF MENTAL HEALTH SERVICES ACT PROGRAMS
ATTACHMENT B

With the November 2004 passage of the Mental Health Services Act (MHSA), DMH initiated planning processes as required by the Act. The following report provides an update regarding:

- MHSA components implemented to date and plans that are pending;
- The status and extent of services delivered to date under the Community Services and Supports (CSS) plan; and
- The status of funding allocated through the MHSA to date.

MHSA Components – Brief Description and Current Status

The MHSA included six major components that the State is rolling out in phases. These components include:

- **Community Program Planning** (Released January 2005): The purpose of this component was to provide a structure and process to include partnerships with stakeholders to determine service and funding priorities for the MHSA Community Services and Supports component;
- **Community Services and Supports (CSS)** (Released August 2005): Intended to provide services to adults and older adults who have been diagnosed with or who may have serious and persistent mental illness, and children and youth who have been diagnosed with or who may have serious emotional disorders, and their families. Under this component, dollars were made available for the following three types of system transformation:
    - "Full Service Partnerships": money to develop partnerships for culturally competent, client focused, family driven integrated mental health services and supports which emphasis recovery, wellness and resiliency;
    - "General System Development": money to improve services, structure and support for clients and families to change/transform the current service delivery system; and
    - "Outreach and Engagement": money to outreach and engage populations that are currently receiving little or no service, with particular emphasis on eliminating ethnic disparities.

  The CSS funding also includes a specific one-time allocation of funds for the MHSA Housing Plan. The Housing application was released in August 2007.

- **Workforce Education and Training (WET)** (Released July 2007): Intended to develop and maintain a culturally competent workforce, to include clients and family members, which is capable of providing client- and family-driven services that promote wellness, recovery and resilience, and lead to measurable, values-driven outcomes;

- **Prevention and Early Intervention (PEI)** (Released September 2007): Intended to develop and support programs and services occurring prior to a diagnosis of mental illness (prevention) and for services targeted toward individuals and families for whom a short duration, relatively low intensity intervention is appropriate to improve a mental health concern early in its manifestation (early intervention);

- **Capital Facilities and Information Technology** (Released March 2008): Intended to develop information systems and capital assets in support of MHSA programs and expand opportunities for accessible community based services for clients and their families and include development of an integrated health record system; and

- **Innovative Programs**: Guidelines for this component have not been released.

The following table provides a summary of DMH's current status on each component, as well as the amounts included in the most recent MHSA contract from the State and additional amounts anticipated based on recent information from the State:

MHSA Component (Including Growth/Enhancements)	Date of State Approval of Plan	Anticipated Submission Date (for pending plans)	Planning Estimates in MHSA Agreement	Additional Amounts Anticipated
Community Program Planning	April 2005		$2.9 Million	
CSS FY 2005-06, 2006-07 & 2007-08 (Original Planning Estimate)	February 2006		$277.3 million	
CSS – Growth Plan (FY 2007-08)	August 2007		$30.1 million	
CSS – One-Time Expansion (FY 2007-08)		April 2008	$17.7 million	
CSS – MHSA Housing Program		June 2008	$115.6 million	
CSS – Growth Plan (FY 2008-09)		June 2008		$28.6 million
WET		July 2008	$34.6 million	
PEI		November 2008	$34.0 million	$57.2 million
Capital Facilities & Technology		TBD		$99.7 million
Innovative Programs	Unknown - State has not issued planning guidelines or estimates			

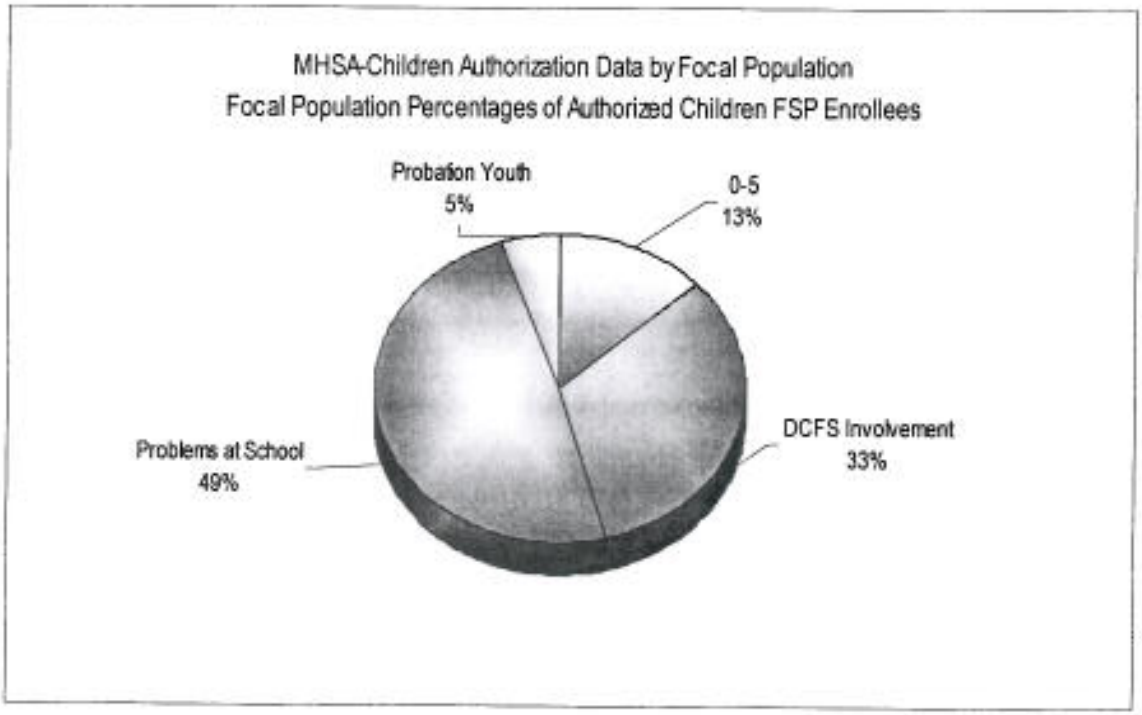
Status of Services Implemented under the CSS Plan

The CSS plan serves as the hallmark of direct service delivery under MHSA. Intended to address the needs of children, transition age youth, adults and older adults, the CSS plan targets individuals who are un-served, underserved or inappropriately served by traditional mental health programs.

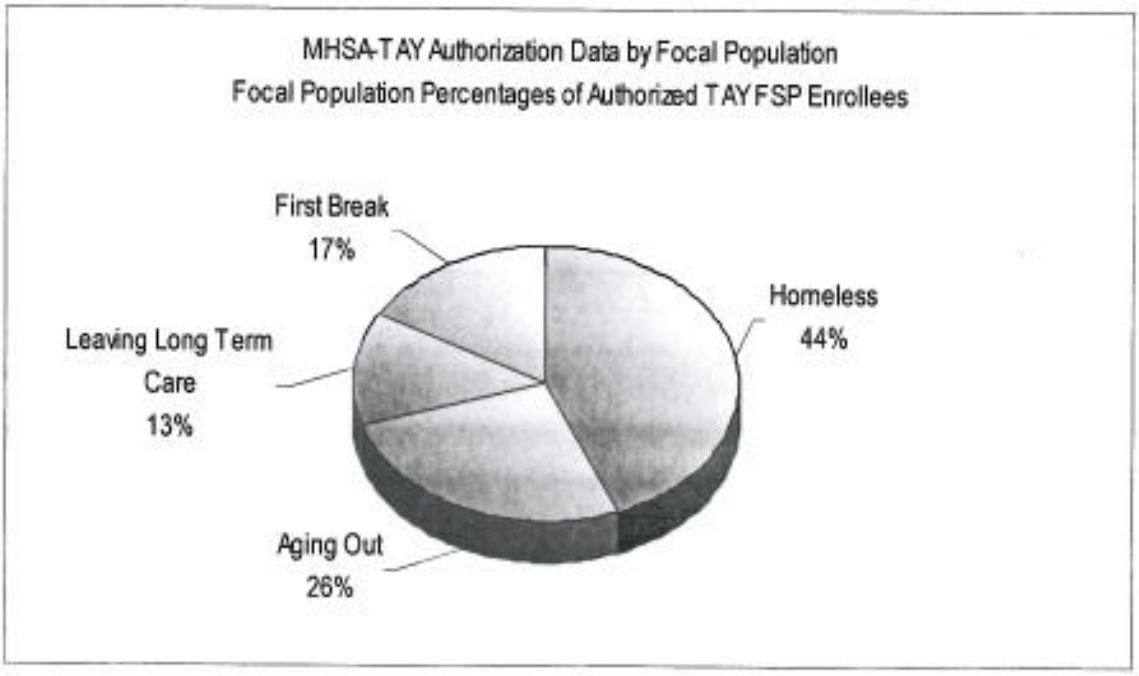
A listing of programs implemented under the Los Angeles County CSS plan and brief descriptions of those programs is included in Exhibit I. Key benchmarks achieved as of April 2008 include:

Full Service Partnerships (FSPs) are field-based programs designed to provide comprehensive 24/7 services for all four age groups. The FSPs concentrate on the compelling needs of specific focal groups and have served the following individuals as of March 2008:

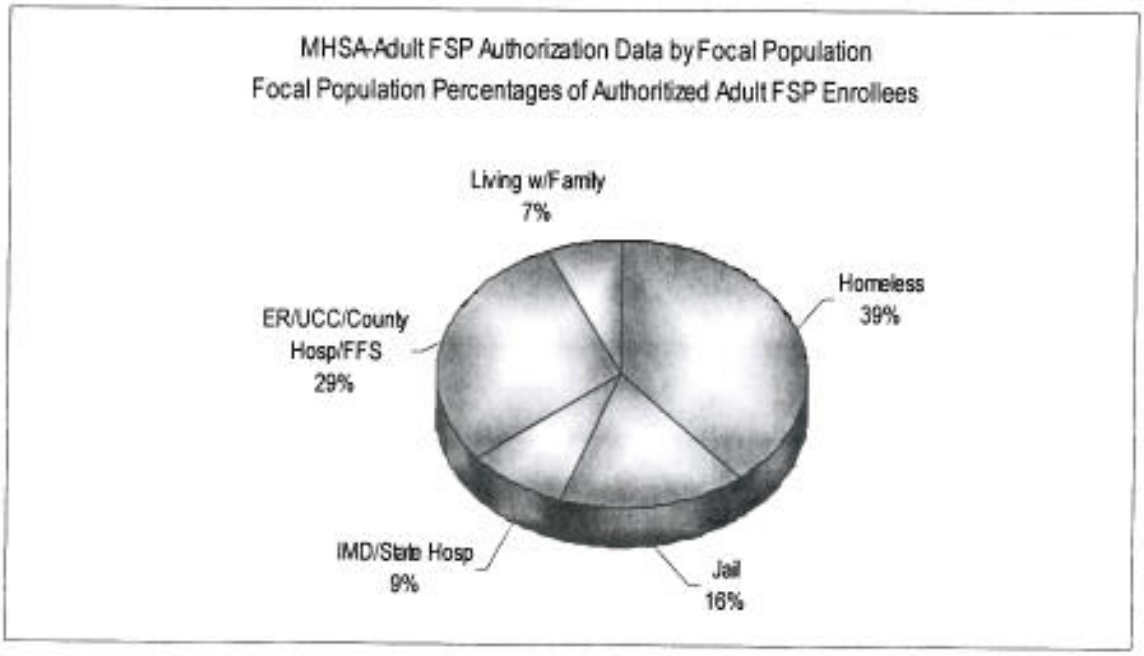
- 1,153 children have been authorized for enrollment



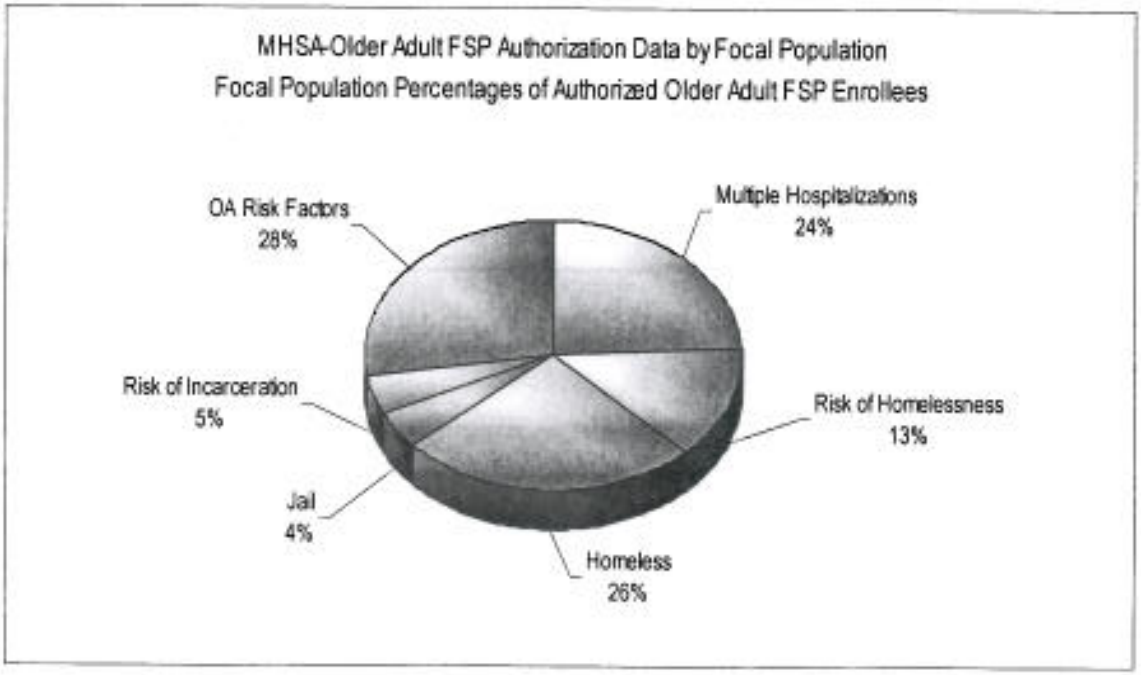
- 839 TAY have been authorized for enrollment



- 2,263 adults have been authorized for enrollment



- 209 older adults have been authorized for enrollment



Field Capable Clinical Services (FCCS) for older adults are designed to address the unique needs of individuals over the age of 60 who are unable or unwilling to receive services from traditional mental health clinics. In order to deliver services in a manner sensitive to the needs of this population, it is essential for DMH programs to establish operational agreements with community-based organizations including senior centers and primary care clinics. To date, more than 680 older adults have been served through FCCS. DMH directly operated programs have established operational agreements and are now delivering older adult services in clients' homes and in the following settings:

- Edward R. Roybal Comprehensive Health Center;
- Venice Family Clinic;
- St. Joseph's Center, Senior Services Program;
- Valley Community Clinic;
- LAC + USC Medical Center Geriatric Clinic; and
- LA Family Housing

Wellness/Client Run Support Centers are designed to offer options to clients who no longer need the intensive services offered by the FSP programs, who may be receiving services from less intensive outpatient programs, and who are ready to take increasing

responsibility for their own wellness and recovery. Wellness Centers offer a variety of support and strategies to its participants, addressing their physical and mental health needs. Of the 29 MHSA funded Wellness/Client Run Support programs, 23 (79%) are now operational and are providing wellness, recovery and peer support services.

Funds Allocated and Expended through Initial and Subsequent State Approvals

The State of California has, to date, provided DMH with allocations for the "Plan to Plan," ongoing CSS plan (provided both initially and in subsequent growth plans), one-time CSS augmentations, and the WET planning process.

Funds allocated in one fiscal year under the CSS and PEI plans must be spent within three years. Funds are expensed on a "first in, first out basis," meaning that CSS funds originally allocated in Fiscal Year 2005-06 would be spent prior to the Department spending Fiscal Year 2006-07 funds, and so forth.

Funds allocated under the WET and IT and Capital Projects Plans must be spent within ten years.

Exhibit II provides a summary of the funding allocated, approved and pending for each of the six major components under MHSA, as well as the estimated total expenditures for each based on actual expenditures for prior fiscal years and estimates for the current fiscal year.

County of Los Angeles - Department of Mental Health
Mental Health Services Act CSS Plan Descriptions

	Program Work Plan (GROWTH dollars included)	Program Description
Children		
C-01	Children's Full Service Partnerships	Under Full Service Partnerships, the county agrees to work with the individual and his/her family, as appropriate, to provide all necessary and appropriate services and supports in order to assist that person/family in achieving the goals identified. Recommended target populations for Children's FSP include uninsured, under-insured youth; youth in the juvenile justice system; homeless youth; youth in out-of-county foster care; children who are at high risk of being expelled from pre-school; and children of parents who have severe and persistent mental illness or have a co-occurring substance abuse disorder.
C-02	Family Support Services	Family Support Services provide access to mental health services for parents, caregivers, and/or other family members of children who are enrolled in Full Service Partnerships (FSPs), but who do not themselves meet the criteria for FSPs for their age groups.
C-03	Integrated MH/COD Services	Implemented in conjunction with FSPs, includes developing fully integrated co-occurring disorder models of treatment to serve both children and caregivers with co-occurring disorders.
C-04	Family Crisis Services: Respite Care	Implemented in conjunction with FSPs, Respite Care is a support service for families providing constant care for a person with a disability or serious illness, in order to help relieve families from the stress that results from caring for a disabled child or adult.

	Program Work Plan (GROWTH dollars included)	Program Description
TAY		
T-01	TAY Full Service Partnerships	Under Full Service Partnerships, the county agrees to work with the individual and his/her family, as appropriate, to provide all necessary and appropriate services and supports in order to assist that person/family in achieving the goals identified. Recommended target populations for Transition Age Youth FSPs include homeless or at imminent risk of being homeless; youth who have aged-out of the child and youth mental health, child welfare and/or juvenile justice systems ; youth involved in the criminal justice system or at risk of involuntary hospitalization or institutionalization; TAY experiencing a first episode of major mental illness.
T-02	Drop-in Centers	Drop-in centers are intended as entry points to the mental health system for youth who are living on the street or in unstable living situations. These centers provide "low demand, high tolerance" environments in which youth can find temporary safety and begin to build trusting relationships with staff who can, as the youth is ready and willing, connect them to the services and supports that they need.
T-03	TAY Housing Services	There are three housing-related systems development investments for the TAY population. These include: a) motel vouchers for TAY that are homeless, living on the streets and in dire need of immediate shelter; b) project-based residential sites for TAY who have been in long term institutional settings, e.g., level 14 group homes, hospitals, Institutes of Mental Disease, Community Treatment Facilities, jails and Probation Camps; TAY who require structured settings and TAY who are experiencing their first psychotic break; and c)A team of Housing Specialists to develop local resources and help TAY find and move into affordable housing.
T-04	Probation Camp Services	A multi-disciplinary team inclusive of parent/peer advocates, clinicians, and Probation staff to provide a myriad of treatment and support services in the various probation camps including: assessments for mental illness, co-occurring substance abuse issues and medication; ongoing treatment services, peer support, parent support/education, behavior management, discharge planning including benefits establishment and transition planning with linkages back to the community.

	Program Work Plan (GROWTH dollars included)	Program Description
Adult		
A-01	Adult Full Service Partnerships	Under Full Service Partnerships, the county agrees to work with the individual and his/her family, as appropriate, to provide all necessary and appropriate services and supports in order to assist that person/family in achieving the goals identified. Recommended target populations for Adults include those with co-occurring substance abuse disorder and/or health condition, as well as homelessness, at risk of homelessness, involved in the criminal justice system, frequent users of hospitals or emergency rooms.
A-02	Wellness/Client Run Centers	Wellness/Client Run Support Centers are designed to offer options to clients who no longer need the intensive services offered by the FSP programs, who may be receiving services from less intensive outpatient programs, and who are ready to take increasing responsibility for their own wellness and recovery. Wellness Centers offer a variety of support and strategies to its participants, addressing their physical and mental health needs.
A-03	IMD Step Down Facilities	These programs provide supportive on-site mental health services and limited operational costs for individuals at selected licensed Adult Residential Facilities, and in some instances, assisted living, congregate housing, or other independent living situations. The programs serve persons being discharged from IMDs, acute psychiatric inpatient units or intensive residential facilities, or those who are at risk of being placed in these higher levels of care. These programs target individuals in higher levels of care who require on-site mental health and supportive services to transition to stable community placement and prepare for more independent living. Programs are designed to break the cycle of costly emergency and inpatient care and promote successful community reintegration
A-04	Adult Housing Services	These services include housing specialists throughout the County, as well as Safe Havens for homeless persons who have mental illness with co-occurring substance abuse disorders. Housing Specialists provide housing placement services not only for homeless individuals and families, but also those living in institutional settings, Sober Living Homes and other community placements that seek to live in a more independent living situation. Safe Havens provide a safe and non-threatening environment for chronically homeless individuals with mental illness and possible co-occurring substance abuse disorder to seek refuge.
A-05	Jail transition & Linkage Services	Jail transition and Linkage Services are designed to outreach and engage/enroll incarcerated individuals receiving services from Jail Mental Health Services or others with mental illness referred by Mental Health Court Workers, Attorneys, and family members, into appropriate levels of mental health services and supports including housing and employment services, prior to their release from jail. The goal is to prevent release to the streets, thus alleviating the revolving door of incarceration and unnecessary emergency/acute psychiatric inpatient services.

	Program Work Plan (GROWTH dollars included)	Program Description
Older Adult		
OA-01	Older Adult Full Service Partnerships	Under Full Service Partnerships, the county agrees to work with the individual and his/her family, as appropriate, to provide all necessary and appropriate services and supports in order to assist that person/family in achieving the goals identified. Recommended target populations for Older Adults include older adults with serious mental illness, including co-occurring substance abuse disorders and/or other healthy conditions, and have a reduction in personal or community functioning; are homeless; at risk of homelessness, institutionalization, nursing home care, or hospitalization and emergency room services.
OA-02	Transformation Design Team	The function of the Transformation Design Team is to provide system support to develop the infrastructure of older adult services within the framework of MHSA.Transformation Design funding is used to identify, disseminate and evaluate values-driven, evidence-based and promising clinical services for older adults. In order to accomplish these goals, individuals with expertise in design, development, and evaluation of programs for older adults will be recruited.
OA-03	Field-Capable Clinical Services	The goal of the FCCS is to build the capacity of DMH to serve this significantly underserved population with specifically trained professional and paraprofessional staff working together as part of a multi-disciplinary team. A minimum of sixty percent (60%) of the services are provided outside the traditional mental health clinic in field-based locations often preferred by older adults, such as clients' homes, senior centers, senior public housing complexes, or primary care provider offices, and as such, represents a critical component in the development of a continuum of care for older adults. Services provided include: outreach and engagement, bio-psychosocial assessment, individual and family treatment, medication support, linkage and case management support, treatment for co-occurring disorders, peer counseling, family education and support.
OA-04	OA Service Extenders	Service Extenders are peers in recovery or family members who are working as a part of Field Capable Clinical Services teams to provide support and serve as "bridgers" to the FCCS clients, especially for those who are isolated. This is a stipend program, and volunteering is also welcomed.
OA-05	OA Training	Older Adult Training program works in providing transformative education to professionals, peers, family members and community partners to help change attitudes and increase knowledge regarding integrated treatment, recovery, peer support, and emerging best practices for values-driven and promising clinical services that support client-selected goals for culturally diverse older adults. Training will be provided to primary care providers and other health providers to increase coordination and integration of mental health, primary care, and other health services.

	Program Work Plan (GROWTH dollars included)	Program Description
Cross Cutting		
SN-01	Service Area Navigator Teams	Service Area Navigators are responsible for developing community partnerships that result in a community network that addresses the needs of individuals and families with mental illness. This involves outreach and engagement to the community, linking individuals and families to appropriate mental health services, oversight of client enrollment into Full Service Partnership (FSP) Programs and consultation on available mental health resources, resulting in stronger local provider networks and more effective service referrals.
ADM-01	Administration	DMH has established an MHSA Project Management Team dedicated to the overall responsibility of managing and coordinating the programmatic implementation of the Community Service and Support Plan. The MHSA Project Management Team is composed of the following: MHSA Support Staff who provide supervision to the Service Area implementation and program coordination staff; develop policies and procedures; provide technical assistance, training, program review, and clerical support; supervise the staff in the Outcome Measures Unit to manage the outcome measure requirements of the MHSA; and organizing the Department's Office of Consumer Affairs, the Office of the Family Advocates, and the Office of the Parent Partners to ensure full participation from the various communities in all aspects of the MHSA; other staff include personnel from the Finance Services Bureau, Administrative Support Bureau, Contracts and Human Resources.
POE-01	Planning, Outreach, Engagement	The main objective of Outreach and Engagement is to effectively initiate transformation by increasing MHSA awareness to unserved, underserved, and inappropriately served populations and Under-Represented Ethnic Populations (UREP), across all eight (8) Service Areas. Consumers, family members, parents, and caregivers are given the opportunity, through orientation trainings, to not only increase their understanding of MHSA, but also to increase their skill development and involvement. In addition, outreach and engagement efforts are ongoing to promote the inclusion of consumers, family members, parents, and caregivers in the process to increase MHSA awareness to UREP and unserved, underserved, and inappropriately served communities.
ACS-01	ACS -UCC / Olive View	One of the four components of Alternative Crisis Services, Urgent Care Centers (UCC), which are geographically located, provide intensive crisis services to individuals who otherwise would be brought to emergency rooms. The UCC focus is on recovery and linkage to ongoing community services and supports and are designed to impact unnecessary and lengthy involuntary inpatient treatment, as well as promote care in voluntary treatment settings that are recovery-oriented.
ACS-01	ACS -UCC / Augustus	
ACS-01	ACS -UCC / Westside	
ACS-01	ACS -UCC / LAC USC	
ACS-01	ACS - UCC / CRS at Downtown MHC	

ACS-01	ACS -UCC / CW Resource Management	The Countywide Resource Management Program is one of the four components of Alternative Crisis Services. Resource Management (CRM) has centralized and provided overall administrative, clinical, integrative, and fiscal management functions for the Department's acute inpatient program for uninsured children and adults; adult/older adult long-term institutional, crisis residential, intensive residential and supportive residential resources; the Interim Fund program; and Residential and Bridging Services. Under MHSA, CRM implemented four Institutions for Mental Disease (IMD) Step-down Facilities and the Enriched Services that serve individuals being discharged from higher levels of care.
ACS-01	ACS -UCC / Residential & Bridging	Residential and Bridging Services is one of the four components of Alternative Crisis Services. The Residential and Bridging Services provide DMH program liaisons and peer advocates/bridgers to assist in the coordination of psychiatric services and supports for TAY, adults and older adults with complicated psychiatric and medical needs who are being discharged from County hospital psychiatric emergency services and inpatient units, IMDs, crisis residential, and intensive residential programs. The program ensures linkage to appropriate levels and types of mental health and supportive services through collaboration with Service Area Navigators, FSPs, residential providers, self-help groups, and other community providers. Peer advocates provide self-help support groups in IMDs and intensive residential programs to support individuals successfully transitioning to community living.
ACS-01	ACS -UCC / Enriched Services	The Enriched Services will provide a short-term, secure 48-bed augmented residential program for individuals who are ready for discharge from higher levels of care. The program is designed to provide community-based intensive residential services that are focused on breaking the cycle of costly emergency and inpatient care and promote successful community reintegration.

Mental Health Services Act
Status of Funding for Six Major Components

Component/Plan Year	Planning Estimate	Approved Plan Amount	Plans In Progress	Future Plans	Total All Plans	Total Est. Expenditures	Expenditure Deadline
Community Program Planning							
Fiscal Year 2004-05	$ 2,906,559	$ 2,906,559	$ -	$ -	$ 2,906,559	$ 2,906,559	6/30/2007
Community Services & Supports							
Fiscal Year 2005-06	$ 89,792,800	$ 84,056,112	$ 5,736,688	$ -	$ 89,792,800	$ 89,792,800	6/30/2008
Fiscal Year 2006-07	$ 90,691,911	$ 90,690,728	$ -	$ 1,183	$ 90,691,911	$ 90,691,911	6/30/2009
Fiscal Year 2007-08	$ 126,876,100	$ 126,876,060	$ 17,773,000	$ 40	$ 144,649,100	$ 60,630,543	6/30/2010
MHSA Housing Program	$ 115,571,200	$ -	$ 115,571,200		$ 115,571,200	$ 115,571,200	6/30/2008
Workforce Education and Training							
Fiscal Year 2006-07	$ 34,667,140	$ 2,450,147		$ 32,216,993	$ 34,667,140	$ 750,000	6/30/2016
Prevention and Early Intervention							
Fiscal Year 2007-08	$ 34,001,800	$ 7,074,500	$ -	$ 26,927,300	$ 34,001,800	$ 1,500,000	6/30/2010
Capital Projects and IT	$ 99,684,800			$ 99,684,800	$ 99,684,800		6/30/2017
Innovations	TBD -- Guidelines and Planning Estimates have not been released by State						